MAXIMUS Federal Services

Case Number:	CM13-0057515		
Date Assigned:	12/30/2013	Date of Injury:	09/11/2002
Decision Date:	12/17/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 9/11/02. A utilization review determination dated 11/8/13 recommends modification of medial branch blocks and physical therapy (PT). 11/6/13 medical report identifies chronic neck and back pain. Patient had a new injury and exacerbated his chronic neck pain, which he initially treated with non-steroidal anti-inflammatory drugs (NSAIDs), rest, ice, and chiropractic. Previous PT was more focused on chronic low back pain with radiation into the buttocks. There was functional improvement after PT with mild improvement in pain, less frequent exacerbations, increased exercise tolerance, and increased walking endurance. Back pain was gradually worsening. On exam, there was tenderness, pain with extension, and positive Spurling's into the trapezius bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Two L3-4, L5-S1 medial branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. Official Disability Guidelines (ODG) guidelines state that medial branch blocks may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time and they recommend against a series of injections. Within the documentation available for review, it appears that the patient's pain is nonradicular and has persisted despite conservative treatment. However, the guidelines do not recommend multiple injections. Rather, they recommend a single set of medial branch blocks followed by radiofrequency neurotomy if the blocks are successful. The utilization reviewer modified the request accordingly to allow for one set of injections rather than two, but unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested lumbar medial branch blocks are not medically necessary.

Physical Therapy (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior physical therapy (PT) sessions with functional improvement. However, there is no documentation identifying why, given the prior use of PT, the patient would require a full course of PT before progression back into independent home exercise to address any remaining deficits. Regardless, the request exceeds the amount of PT recommended by the California Medical Treatment Utilization Schedule (MTUS) and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.